

August 22, 2018

Technical Changes in August Reports

The following technical changes to episodes have been implemented for the 2016 and 2017 calendar year. The changes will first appear in the August 2017 final and interim episode reports.

For more information about Episodes of Care in Tennessee in general, visit <https://www.tn.gov/tenncare/topic/episodes-of-care>.

All Episodes

1. Children in Department of Children's Services (DCS) Custody are now excluded from all episodes.

For some episodes, patients in DCS custody experience a unique set of considerations. However, because of technical considerations, patients in DCS custody will be excluded from all episodes.

Anxiety

1. Homelessness is now a clinical episode exclusion for the anxiety episode.

As part of the anxiety episode design review with Technical Advisory Group (TAG), it was recommended that homelessness be an episode exclusion to ensure fair comparisons between anxiety episodes. This exclusion also allows for consistency across behavioral health episodes. The exclusion for homelessness will be reflected in the first interim report for calendar 2017 released in late August.

2. Suicidal and homicidal ideation are now clinical episode exclusions for the anxiety episode.

Also as part of the anxiety episode design review with the Technical Advisory Group (TAG), suicidal and homicidal ideation were recommended as clinical exclusions since these diagnoses lead to unique patient journeys for anxiety. This exclusion also allows for consistency across behavioral health episodes. The exclusion for suicidal and homicidal ideation will be reflected in the first interim report for calendar 2017 released in late August.

3. The language in the Detailed Business Requirements (DBR) was updated to clarify that Level II Case Management and Tennessee Health Link are not included in the anxiety episode spend.

The intent of the anxiety episode is to work in tandem with the Tennessee Health Link program. Therefore, Tennessee Health Link rates and Level II Case Management are excluded from episode spend. The DBR and Configuration File detail this information.

Asthma Acute Exacerbation

1. The contingent trigger codes that matched the primary trigger codes for the acute asthma exacerbation episode were removed.

Due to a technical issue when translating ICD-9 codes to ICD-10, there was unintended overlap between the trigger and contingent trigger codes. Since primary and contingent triggers should not be the same, the following codes were removed from the "Contingent Trigger Diagnosis" list in the configuration file and remain in the "Trigger Diagnosis" list: J4520, J4530, J4540, J4550. The only contingent trigger codes included in the triggering logic are for wheezing and extrinsic asthma unspecified, as described in the Detailed Business Requirements (DBR). This change will be reflected in the first interim report for calendar 2017 released in late August.

Attention Deficit and Hyperactivity Disorder (ADHD)

1. The language in the Detailed Business Requirements (DBR) was updated to clarify that Level II Case Management and Tennessee Health Link are not included in the ADHD episode spend.

The intent of the ADHD episode is to work in tandem with the Tennessee Health Link program. Therefore, Tennessee Health Link rates and Level II Case Management are excluded from episode spend. The DBR and Configuration File detail this information. Additionally, Level I Case Management is an episode exclusion for the 2017 performance period.

Coronary Artery Bypass Grafting (CABG)

1. **Children under the age of 18 years old are now excluded from the CABG episode.**
Children receiving a CABG procedure receive different care from adults. Therefore, children under the age of 18 on the day of the trigger will be excluded from the episode. This change will be reflected in the first interim report for calendar 2017 released in late August.

Depression (Non-Emergent)

1. **Homelessness is now a clinical exclusion for the non-emergent depression episode.**
As part of the non-emergent depression episode design review with Technical Advisory Group (TAG), it was recommended that homelessness be an episode exclusion to ensure fair comparisons between non-emergent depression episodes. This exclusion also allows for consistency across behavioral health episodes. The exclusion for homelessness will be reflected in the first interim report for calendar 2017 released in late August.
2. **Suicidal and homicidal ideation are now clinical exclusions for the non-emergent depression episode.**
The Technical Advisory Group (TAG) also recommended that suicidal and homicidal ideation be added as clinical exclusions to the non-emergent depression episode since these diagnoses lead to unique patient journeys. This exclusion also allows for consistency across behavioral health episodes. The exclusion for suicidal and homicidal ideation will be reflected in the first interim report for calendar 2017 released in late August.
3. **The language in the Detailed Business Requirements (DBR) was updated to clarify that Level II Case Management and Tennessee Health Link are not included in the non-emergent depression episode spend.**
The intent of the non-emergent episode is to work in tandem with the Tennessee Health Link program. Therefore, Tennessee Health Link rates and Level II Case Management are excluded from episode spend. The DBR and Configuration File detail this information.

Perinatal

1. The HIV Screening Quality Metric was updated to include CPT code 80081 for Obstetric Prenatal Panel with HIV.

In January 2016, the American Medical Association (AMA) implemented the new CPT code 80081 for an Obstetrics Panel with HIV testing. Since the goal of the HIV screening quality metric is to determine the percent of valid episodes where a patient is screened for HIV within the episode window, it is important to include this code in the quality metric logic to provide accurate results. This code addition will be reflected in the final 2016 reports released in late August.

2. The Hepatitis B Screening Quality Metric was updated to include CPT 80081 Obstetric Prenatal Panel with HIV.

In January 2016, the American Medical Association (AMA) implemented the new CPT code 80081 for an Obstetrics Panel with HIV testing, which also includes Hepatitis B Surface Antigen. Since the goal of the Hepatitis B Screening quality metric is to determine the percent of valid episodes where a patient is screened for Hepatitis B within the episode window, it is essential for this new code to be included within the quality metric definition. This code addition will be reflected in the final 2016 reports released in late August.

3. The Detailed Business Requirements (DBR) was updated to ensure that the “Screening for gestational diabetes” quality metric is applied to the “episode window” and not just the “post-trigger window.”

Due to a technical error, the time period specified for capturing the “screening for gestational diabetes” quality metric was not aligned between the Detailed Business Requirements (DBRs), the technical and clinical guide for the episode, and the Configuration File, or code sheet, for the perinatal episode. The DBR language was updated to match the configuration file; however, no changes to the episode logic were made since the implementation of the quality metric was correct.

Oppositional Defiant Disorder (ODD)

1. The language in the Detailed Business Requirements (DBR) was updated to clarify that Level II Case Management and Tennessee Health Link are not included in the ODD episode spend.

The intent of the ODD episode is to work in tandem with the Tennessee Health Link program. Therefore, Tennessee Health Link rates and Level II Case Management are excluded from episode spend. The DBR and Configuration File detail this information.

2. Homelessness is now a clinical exclusion for the ODD episode.

As part of the ODD episode design review with Technical Advisory Group (TAG), it was recommended that homelessness be an episode exclusion to ensure fair comparisons between ODD episodes and align with the ADHD, anxiety and depression episodes.

The exclusion for homelessness will be reflected in the first interim report for calendar 2017 released in late August.

Valve Repair and Replacement

1. Children under the age of 18 years old are now excluded from the valve episode.

Children receiving a valve repair and replacement procedure receive different care from adults. Therefore, children under the age of 18 on the day of the trigger will be excluded from the episode. This change will be reflected in the first interim report for calendar 2017 released in late August.